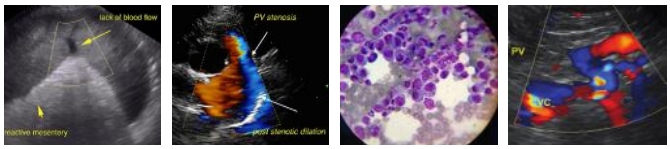
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Lithi Foley

SPECIES

Canine

BREED

Ibizan Hound

SEX

FS

AGE

12 y

WEIGHT

54 lb

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Pamela Harrigan

HOSPITAL NAME

VCA Hanson Animal Hospital

REFERRING VET

Dr. Finney

INVOICE

10924ag

DATE

06/23/2022

PRESENTING CLINICAL SIGNS

History: Long history seizures; grand mal seizures controlled on KBr, Phenobarbital, Keppra, Topiramate. Recent history rear limb weakness. High WBC (25,000), increasing ALT (271 - normal resting bile acids) and decreasing albumin (2.6). Urine protein creatinine ratio pending. PE: organomegaly. AUS to evaluate for abdominal mass. *Sedated with dexdomitor. Patient experienced a seizure, sedation was reversed, midazolam given. Patient recovered well.

Abnormal PE/Chem/CBC/UA Results:

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral areas of pinpoint medullary mineral were noted. The left kidney measured 7.3 cm in length. The right kidney measured 7.4 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was enlarged in size with symmetrical capsule contour. Nonhomogeneous mild hyperechoic parenchyma was noted with no evidence of mineralization. Early phrenicoabdominal vein invasion is suspected associated with the left adrenal gland. The left adrenal gland measured 1.75 cm width at the caudal pole and 2.7 cm length.

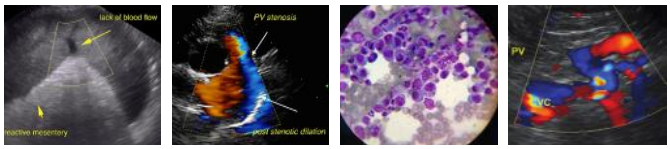
The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.59 cm width at the caudal pole and 0.54 cm width at the cranial pole.

Spleen

A mass involving the mid to caudal spleen with secondary capsule expansion and disruption was present. The parenchyma of the mass without areas of cavitation. The non-affected spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Regional perisplenic hyperechoic mesentery was noted along with small pockets of perisplenic free fluid. At least one enlarged perisplenic lymph node was visualized measuring 2.9 cm x 2.5 cm.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild mineralized debris to small accumulated cholelithiasis. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

ULTRASONOGRAPHIC FINDINGS

- Asymmetrical nonhomogeneous splenic mass, associated perisplenic hyperechoic mesentery, scant free fluid and swollen perisplenic lymphadenopathy
- Low grade hepatopathy exhibiting parenchymal remodeling
- Left adrenal mass with potential early phrenicoabdominal vein invasion
- Mild to moderate mineralized gallbladder debris
- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass is most suggestive of neoplastic criteria such as sarcoma, round cell neoplasia or other. Benign pathologies for the splenic mass are possible but considered less likely. Considerations for the left adrenal mass may include adenomatous change, benign hyperplasia or primary vs metastatic neoplasia i.e. pheochromocytoma, adenocarcinoma or other. Left adrenal neoplastic criteria is favored. Strong concern for regional perisplenic lymphatic metastasis secondary to the splenic mass is warranted. No overt evidence of hepatic metastasis was noted. Three view chest radiographs recommended. Assessment of systemic BP for evidence of hypertension which may allude to a left pheochromocytoma is suggested. If clinically indicated an abdominal CT for further assessment of the left adrenal mass and for further clarification of potential metastatic disease would likely be ideal. A very guarded to unfavorable long term prognosis is indicated.

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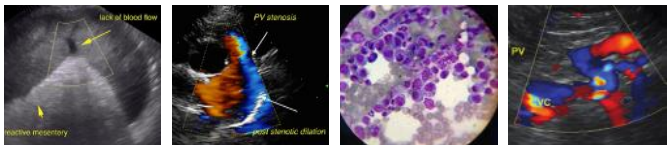

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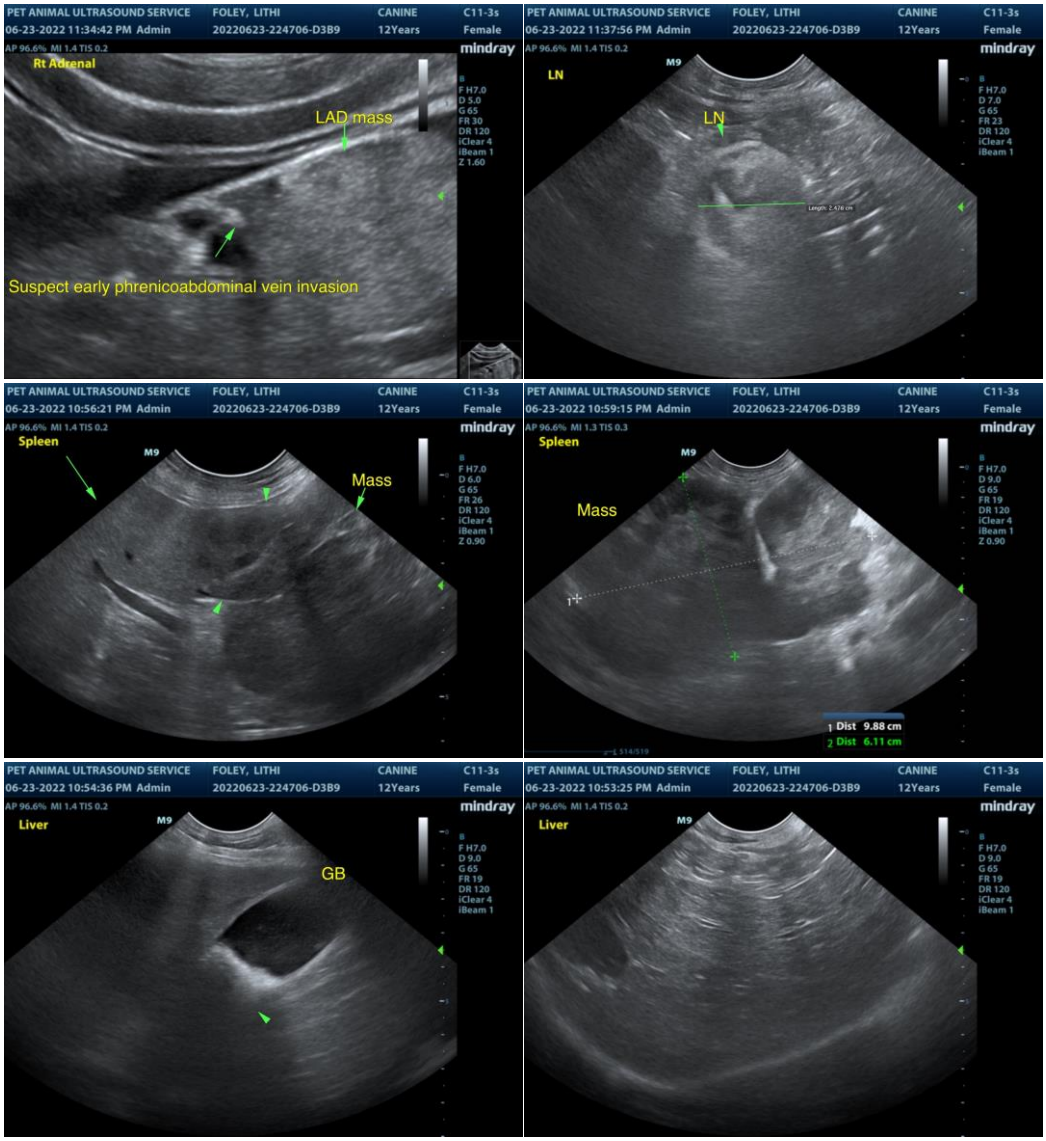

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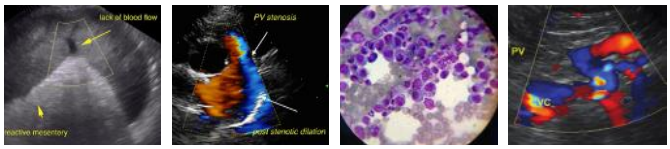

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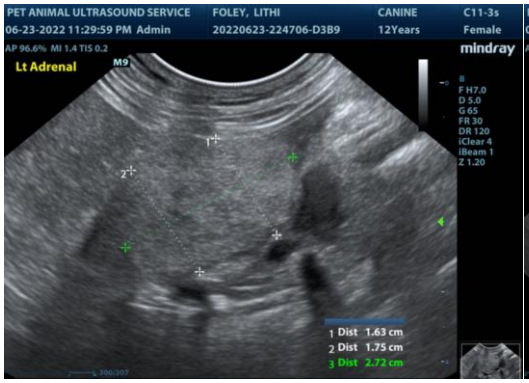

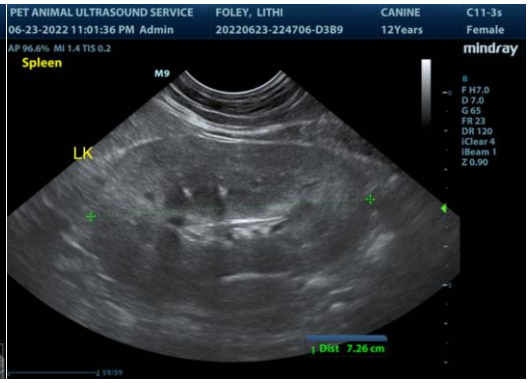

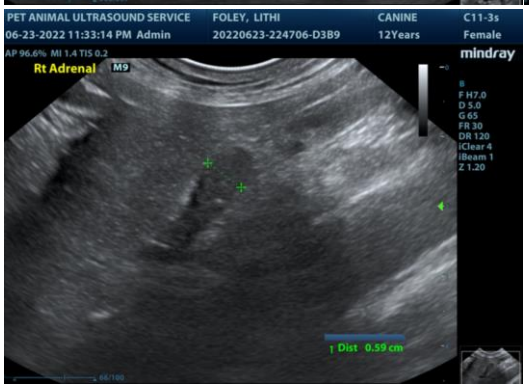

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com